

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

ADDRESS (number and street) ▼

316 Pennsylvania Ave SE

Suite 401

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00503680

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jack Tank

Signature of Treasurer

Jack Tank

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		33132.27
(b) Cash on Hand at Beginning of Reporting Period.....	63956.34	
(c) Total Receipts (from Line 19)	17825.00	84925.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	81781.34	118057.27
7. Total Disbursements (from Line 31)	30645.90	66921.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51135.44	51135.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17125.00	78525.00
(ii) Unitemized	700.00	5400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17825.00	83925.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17825.00	84925.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	17825.00	84925.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17825.00	84925.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	145.90	921.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	145.90	921.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	66000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30645.90	66921.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30645.90	66921.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17825.00	84925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17825.00	84925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	145.90	921.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	145.90	921.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. Eric D. Cook

Mailing Address 13630 Hunters Crossing

City State Zip Code
 Bath MI 48808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spartan Insurance Agency

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 24 2015

Transaction ID : SA11AI.5079

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Matthew Gaynier

Mailing Address 8462 Willow Glen Ct

City State Zip Code
 Holland OH 43528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spartan Insurance

Occupation

Owner/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 24 2015

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Gaynier

Mailing Address 433 Saint Marys Ave

City State Zip Code
 Monroe MI 48162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spartan Insurance Agency

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 24 2015

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. Joanie Grimes

Mailing Address PO Box 802

City	State	Zip Code
Hillsboro	OH	45133

FEC ID number of contributing federal political committee.

C

Name of Employer

Premium Ag Commodities Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rafor Hargrove

Mailing Address PO Box 400

City	State	Zip Code
Rotan	TX	79546

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Crop Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period

4800.00

Full Name (Last, First, Middle Initial)

C. John R. Keister

Mailing Address PO Box 340

City	State	Zip Code
Blue Earth	MN	56013

FEC ID number of contributing federal political committee.

C

Name of Employer

Minn-Iowa Crop Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

2100.00

SUBTOTAL of Receipts This Page (optional)..... ►

7400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. Travis Keister

Mailing Address 918 Upper Valley Drive

City	State	Zip Code
Blue Earth	MN	56013

FEC ID number of contributing federal political committee.

C

Name of Employer

Minn-Iowa Crop Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jon King

Mailing Address 32 Dockside Drive

City	State	Zip Code
Lake Tapawingo	MO	64015

FEC ID number of contributing federal political committee.

C

Name of Employer

Gavilon Group LLC

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Chris Tank

Mailing Address 1700 South First Ave
East Dale Plaza #24

City	State	Zip Code
Iowa City	IA	52240

FEC ID number of contributing federal political committee.

C

Name of Employer

Ag Risk Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period

4950.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. Marva Uileland

Mailing Address 1700 S Assembly Street
PO Box 2515

City State Zip Code
Spokane WA 99220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Farm Credit Services

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Marva Uileland

Mailing Address 1700 S Assembly Street
PO Box 2515

City State Zip Code
Spokane WA 99220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Farm Credit Services

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Marva Uileland

Mailing Address 1700 S Assembly Street
PO Box 2515

City State Zip Code
Spokane WA 99220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Farm Credit Services

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SA11AI.5083

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

17125.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

145.90

Category/
TypeCategory/
Type

State: District:

Category	Percentage
Ever married	145.90
Never married	53.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: OH District: 08

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5048

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5048.0

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BOEHNERMailing Address 7908 CINCINNATI DAYTON ROAD
SUITE ICity
WEST CHESTERState
OHZip Code
45069Purpose of Disbursement
Political Contribution

Candidate Name

JOHN BOEHNER
Office Sought: ☒ House
☐ Senate
☐ President
State: OH District: 08

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5048.1

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. BYRNE FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Mailing Address PO BOX 2743

City	State	Zip Code
MOBILE	AL	36652

Transaction ID : SB23.5060Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

BRADLEY ROBERTS BYRNECategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District: 01

Full Name (Last, First, Middle Initial)

B. CONAWAY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address PO BOX 51272

City	State	Zip Code
MIDLAND	TX	79710

Transaction ID : SB23.5057Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

HON MICHAEL CONAWAYCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 11

Full Name (Last, First, Middle Initial)

C. DOUG LAMALFA COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address 2150 RIVER PLAZA DR., #150

City	State	Zip Code
SACRAMENTO	CA	95833

Transaction ID : SB23.5052Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

DOUG LAMALFACategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. HOEVEN FOR SENATE

Mailing Address PO BOX 15114

City	State	Zip Code
ARLINGTON	VA	22215

Purpose of Disbursement
Political Contribution

Candidate Name

JOHN HOEVEN

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5063

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City	State	Zip Code
ANNISTON	AL	36201

Purpose of Disbursement
Political Contribution

Candidate Name

MICHAEL ROGERS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5050

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City	State	Zip Code
HAYS	KS	67601

Purpose of Disbursement
Political Contribution

Candidate Name

JERRY MORAN

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5053

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City	State	Zip Code
HAYS	KS	67601

Purpose of Disbursement
Political Contribution

Candidate Name

JERRY MORAN

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SB23.5054

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. PETERSON FOR CONGRESS

Mailing Address 26192 FLOYD LAKE POINT ROAD

City	State	Zip Code
DETROIT LAKES	MN	56501

Purpose of Disbursement
Political Contribution

Candidate Name

COLLIN CLARK PETERSON

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SB23.5059

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. ROBERT ADERHOLT FOR CONGRESS

Mailing Address P. O. BOX 1158

City	State	Zip Code
HALEYVILLE	AL	35565

Purpose of Disbursement
Political Contribution

Candidate Name

REP. ROBERT B. ADERHOLT

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SB23.5051

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE	State IL	Zip Code 62568
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Purpose of Disbursement
Political Contribution

Candidate Name

RODNEY L DAVISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5055

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGNMailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO	State TX	Zip Code 78040
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Purpose of Disbursement
Political Contribution

Candidate Name

HENRY R. CUELLAROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5044

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VALADAO FOR CONGRESS

Mailing Address 504 VAN NESS

City FRESNO	State CA	Zip Code 93721
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Purpose of Disbursement
Political Contribution

Candidate Name

DAVID VALADAOOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SB23.5045

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

30500.00
